VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES OFFICE OF CONSUMER AFFAIRS

1100 Bank Street, Suite 100 • Richmond, VA 23219
Consumer Protection Hotline (800) 552-9963 or (804) 786-2042 • Fax: (804) 225-2666 • www.vdacs.state.va.us

(Revised SEP 2004)

PRICE GOUGING COMPLAINT FORM

Notice of confidentiality

Pursuant to Section 59.1-528, Code of Virginia, this complaint form and all related attachments, notes and information are exempt from public disclosure and shall remain confidential. Closed complaints will stay in our files for three years from the date of closure and will then be destroyed.

The Virginia Post-Disaster Anti-Price Gouging Act

- The Anti-Price Gouging Act prohibits a "supplier" from charging unconscionable prices for "necessary goods and services" within the affected area during the thirty (30) day period following a declared state of emergency.
- The term "necessary goods and services" includes those goods or services for which demand does, or
 is likely to, increase as a result of the disaster. Potential examples include, but are not limited to,
 water, ice, food, generators, batteries, home repair materials and services, and tree removal services.
- The basic test for determining if a price is unconscionable is whether the post-disaster price charged by a "supplier" for a "necessary good or service" grossly exceeds the price charged for the same or similar goods or services either by the same supplier, or within the same trade area, during the ten (10) days immediately prior to the disaster.
- Violations of the Anti-Price Gouging Act are enforceable through the Virginia Consumer Protection Act. However, enforcement and legal actions can only be brought by an authorized government agency. Individuals cannot sue other individuals or businesses under the Anti-Price Gouging Act.

Important information

- Please make sure to include COPIES of supporting documents such as contracts, invoices, receipts, etc. Do NOT include originals. If you have available, please include copies of photographs to substantiate any claims relating to home repair and/or tree removal services.
- We do **NOT** need your Social Security Number or any other personal financial information not specifically related to your complaint. Please mark out/delete this information from any documents that you wish to attach to this form.
- For additional information, please call the Consumer Protection Hotline at (800) 552-9963 or (804) 786-2042 if calling from the Richmond area or from outside Virginia. Our business hours are 8:15 a.m. to 5:00 p.m., Monday through Friday.

Local offices of consumer affairs

The City of Alexandria, Fairfax County and the City of Virginia Beach all have their own locally
operated offices of consumer affairs. If your complaint resulted from a transaction in any of these
localities, you should contact the appropriate office directly.

Alexandria Office of Consumer Affairs

City Hall, P.O. Box 178, Alexandria, VA 22313. (703) 838-4350

Fairfax County Department of Telecommunications and Consumer Services 12000 Government Center Parkway, Suite 433, Fairfax, VA 22035. (703) 222-8435

Virginia Beach Consumer Affairs Division

Judicial Center, Building 10B, 2425 Nimmo Parkway, Virginia Beach, VA 23456. (757) 426-5836

For official use only. Complaint Number:

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Mr. Mrs. Ms. Last name Fil		First name	irst name		Mid. Initia	
Mailing address				Apt. or su	ite number	
City			State	Zip Code		
Tel. number, including area code	Work number, including	ncluding area code Fax number, incl		luding area code		
()		a, ou oout	()			
City or county of residence	Your e-mail address					
If necessary, should we contact you at	home, work or by e-mail?	If necessar	y, best time to reach	you during the day	n	
SECTION 2 – Name of Company	or Individual about Wh					
Full name of company or individual		Name of pe	erson(s) with whom y	ou dealt		
Mailing address		1		Office or	suite number	
City			State	Zip Code		
Tel. number, including area code	Company's Internet addr	ress (URL)				
SECTION 3 - Complaint Informati						
Type of product, item, or service involved			Date of purchase, service, contract, etc			
Manufacturer or brand			Model			
Serial number						
Did you sign a contract or a lease? Yes[] or No[]	If yes, please indicate the Starting date:		Expiration da			
Total amount paid	How was payment made	? (Cash, credit	card, check, money ord	der, etc.)		
To your knowledge, did the amount your charged or advertised by other or disaster? Yes [] or No []						
If yes, please indicate the following:	What was the price charged or advertised ten (10) days before the disaster?					
	When and where did you see the pre-disaster price charged or advertised?					
	What was the price charged or advertised after the disaster?					
	When and where did you	u see the post-	disaster priced char	ged or advertised?		

-Continued on next page-

>	SECTION 4 - Full Description of Complaint - Use additional sheets if necessary					
	(Use additional sheets if necessary)					
>	SECTION 5 - Resolution Attempts You Have Made					
	Have you contacted the company or If yes, name of person most recently contacted Their phone number, incl. area code individual? Yes [] or No [] ()					
	Results					
	What resolution would you consider mutually fair?					
	List any other organizations you have contacted (e.g. Other consumer protection offices, Better Business Bureau, etc)					
>	SECTION 6 – Disclaimers and Affidavits					
	 By signing this form, you authorize the Office of Consumer Affairs and any other local, state or federal agencies with which we may work on this matter, to evaluate your complaint, to contact you and to take whatever lawful actions are deemed appropriate in your case. By signing this form, you certify that the statement made herein or on any attached documentation are true and complete to the best of your knowledge, information and belief. 					
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